

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on the below date:

Date: May 12, 2004

Name: James L. Katz

Signature: _____

**BRINKS
HOFFER
GILSON
& LIONE**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re Appln. of: Ransom, et al.

Appln. No.: 10/689,895

Filed: October 21, 2003

For: **SYSTEM AND METHOD FOR
IMPLEMENTING XML ON AN ENERGY
MANAGEMENT DEVICE**

Examiner: Not Yet Assigned

Art Unit: _____

Attorney Docket No: 6270/128

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

Sir:

Attached is/are:

- ☒ Change of Correspondence Address
- ☒ Return Receipt Postcard

Fee calculation:

- ☒ No additional fee is required.
- ☐ Small Entity.
- ☐ An extension fee in an amount of \$_____ for a _____-month extension of time under 37 C.F.R. § 1.136(a).
- ☐ A petition or processing fee in an amount of \$_____ under 37 C.F.R. § 1.17(_____).
- ☐ An additional filing fee has been calculated as shown below:

					Small Entity			Not a Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	or	Rate	Add'l Fee
Total		Minus			x \$9=			x \$18=	
Indep.		Minus			x 43=			x \$86=	
First Presentation of Multiple Dep. Claim					+\$145=			+\$290=	
					Total	\$		Total	\$

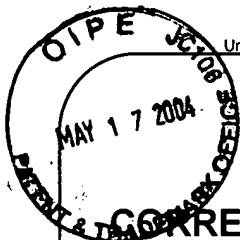
Fee payment:

- ☐ A check in the amount of \$_____ to cover the above-identified fee(s) is enclosed.
- ☐ Please charge Deposit Account No. 23-1925 in the amount of \$_____. A copy of this Transmittal is enclosed for this purpose.
- ☐ Payment by credit card in the amount of \$_____ (Form PTO-2038 is attached).
- ☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 23-1925.

Respectfully submitted, _____

James L. Katz (Reg. No. 42,711)

Date 5-12-04



CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/689,895
Filing Date	October 21, 2003
First Named Inventor	Ransom
Art Unit	
Examiner Name	Not Yet Assigned
Attorney Docket Number	6270/128

Please change the Correspondence Address for the above identified application to:

☒ Customer Number 00757 - Brinks Hofer Gilson Lione →
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This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "request for Customer Number Data Change" (PTO/SB/124).

I am the

- ☐ Applicant/Inventor
☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
☒ Attorney or Agent of record.
☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number

Typed or Printed

Name James V. Katz

Signature 

Date 5-12-04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

☐ *Total of _____ forms are submitted.